



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

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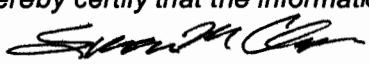
## LOBBYIST REGISTRATION FORM

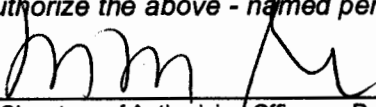
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) (First) (Middle)			TELEPHONE
CHAR Susan M.			532-5865
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			532-5864
(City) (State) (Zip Code)			
Honolulu Hawaii 96840-0001			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City) (State) (Zip Code)			

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Electric Light Co., Inc.			969-0124
MAILING ADDRESS (Street)			FAX
P. O. Box 1027			969-0100
(City) (State) (Zip Code)			
Hilo Hawaii 96721-1027			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marcia Wright			532-5860
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			532-5864
(City) (State) (Zip Code)			
Honolulu Hawaii 96840-0001			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	XX	Science, Technology & Economic Development
XX Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs		Tourism & Recreation
XX Consumer Protection & Commerce	Hawaiian Affairs	XX Labor & Employment	XX	Transportation
Culture, Arts, Historic Preservation	Health	XX Planning, Land & Water Use Management		Other: (indicate below)
XX Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	1/24/05
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Molly M. Egged	Secretary	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Electric Light Co., Inc.	543-7728	
MAILING ADDRESS (Street)	FAX	
P. O. Box 2750	543-7523	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		1/31/05
(Signature of Authorizing Officer or Person Represented)		(Date)